U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

b-sent/Ferrorcommunications of	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name ROBERT S BOEHLERT	Name UFCW DISTRICT UNION LOCAL ONE	
	Labor Organization File Number 026-854	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6767 SCHUYLER ROAD	Street 106 MEMORIAL PARKWAY	
City EAST SYRACUSE	City UTICA	
State New York ZIP Code + 4 13057	State	
5. Position in labor organization. DIRECTOR OF COLLECTIVE BARGAIN	ING	
Name Trade Name, if any:	rived income or other economic benefit of represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street City State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
undersigned's knowledge and belief, true, correct, and complete. (See the section	on en pendines in the institutions.)	

Name of Person Filing ROBERT BOEHLERT		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organizat	ion	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State New York ZIP Code + 4		:	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name	West and the second		
Trade Name, if any:		The state of the s	
P.O. Box, Bldg., Room No., if any			
Street	11 h Approximate della value		
City	11.b. Approximate dollar value	(Augusta) (Augus	
State New York ZIP Code + 4 1			
Al-transfer and approximate an	THE ACCOUNT OF THE WAY		
	average and object to the state of the state	TO A STATE OF THE	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	ROOM AND MEALS AT	THE OTESAGA NEW YORK WHILE ATTENDING	
Name UFCW LOCAL ONE PENSION FUND	TRUSTEE MEETINGS C	N 8-19-04 AND 8-20-04	
Trade Name, if any:	The man of the contract of the	and the second s	
P.O. Box, Bldg., Room No., if any		and a construction of the	
Street 106 MEMORIAL PARKWAY		And the second s	
City UTICA	**	The state of the s	
State New York ZIP Code + 4 13501-4887		7 TO THE	
13.b. Is the Business an Employer 💢 or Consultant 🦳 ?	14.b. Amount of payment.	\$597	

Name of Person Filing ROBERT BOEHLERT	Fil	e Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee syour labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name SEGAL COMPANY	ş		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	X b. Trust		
Street 101 NORTH WACKER DRIVE SUITE 500	c. Employer		
City CHICAGO			
State Illinois ZIP Code + 4 60606			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name UFCW LOCAL ONE HEALTH CARE FUND	PROVIDES PROFESSIONAL	ADVICE TO HEALTH CARE FUND	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 106 MEMORIAL PARKWAY	11 h Approximate della verte		
City UTICA	11.b. Approximate dollar value of 12.a. Nature of interest held or	- 0	
State New York ZIP Code + 4 13501-4887	DINNER PROVIDED WITH NEW ORLEANS, LA.	During Merk	
	12.b. Amount.	\$135	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	THE SOUTHWEST ASSESSMENT OF THE STATE OF THE	
Name UFCW LOCAL ONE PENSION AND HEALTH CARE FUND	11-4-04 IN BUFFALO, N	TTENDING TRUSTEE METINGS ON	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		months of the control	
Street 106 MEMORIAL PARKWAY			
City UTICA	**		
State New York ZIP Code + 4 13501-4887		Transcourse to the second seco	
13.b. Is the Business an Employer 🗶 or Consultant 🦳 ?	14.b. Amount of payment.	\$171	

Name of Person Filing ROBERT BOEHLERT File Number U		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name JANUS CAPITAL GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2603 CAMINO RAMON SUITE 200 City SAN RAMON State California ZIP Code + 4 94583	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
	INVESTMENTS FOR FU	NDS	
Name UFCW LOCAL ONE PENSION FUND	TP AND		
Trade Name, if any:	THE VALLEY WITH THE PARTY OF TH		
	- Artistando		
P.O. Box, Bldg., Room No., if any	A-A-A-Billion D. Avenue		
Street 106 MEMORIAL PARKWAY			
City UTICA	11.b. Approximate dollar valu		
-17 (7)			
State New York 7IP Code + 4 13501 4007	12.a. Nature of interest held DINNER PROVIDED AT	CHARLEY'S CRAB HOUSE, HILTON	
State New York ZIP Code + 4 13501-4887	***************************************	CHARLEY'S CRAB HOUSE, HILTON	
State New York ZIP Code + 4 13501-4887	DINNER PROVIDED AT	CHARLEY'S CRAB HOUSE, HILTON	
	DINNER PROVIDED AT HEAD, S.C. ON 4-27-	CHARLEY'S CRAB HOUSE, HILTON	
State New York ZIP Code + 4 13501-4887 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount.	CHARLEY'S CRAB HOUSE, HILTON	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount.	CHARLEY'S CRAB HOUSE, HILTON	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI METINGS ON 4-26, 4	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW LOCAL ONE PENSION FUND	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI METINGS ON 4-26, 4	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone) 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW LOCAL ONE PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI METINGS ON 4-26, 4	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW LOCAL ONE PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 MEMORIAL PARKWAY	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI METINGS ON 4-26, 4	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW LOCAL ONE PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 MEMORIAL PARKWAY City UTICA	DINNER PROVIDED AT HEAD, S.C. ON 4-27- 12.b. Amount. er parts A and B above) or other thing of value. 14.a. Nature of payment. ROOM, MEALS, AIRFAI METINGS ON 4-26, 4	CHARLEY'S CRAB HOUSE, HILTON 04 \$65	

Name of Person Filing ROBERT BOEHLERT	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name		de produce de la constante de	
Trade Name, if any:		THE PROPERTY OF THE PROPERTY O	
P.O. Box, Bldg., Room No., if any		And the second s	
Street		more and the second sec	
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount,		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name UFCW LOCAL ONE PENSION FUND	CONFERENCE FEES, ROOM, MEALS AIRFARE, ETC. WHILE ATTENDING IFEBP CONFERENCE IN NEW ORLEANS.LA FROM 11-30-04 TO 12-4-04		
Trade Name, if any:		TO THE PARTY OF TH	
P.O. Box, Bldg., Room No., if any		The second secon	
Street 106 MEMORIAL PARKWAY		Aprilla Artinologyana	
City UTICA		distributions	
State New York ZIP Code + 4 13501-4887			
13.b. Is the Business an Employer 🗶 or Consultant ?	14.b. Amount of payment.	\$2,756	

Name of Person Filing ROBERT BOEHLERT	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NOVAK AND FRANCELLA, L. L. C.	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 11 PENNSYLVANIA PLAZA, SUITE 920	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10001	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW LOCAL ONE PENSION AND HEALTH CARE FUNDS	ACCOUNTING SERVICES FOR PENSION AND HEALTH CARE FUNDS
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 106 MEMORIAL PARKWAY	11 h Approximate della reglia of qual-de-Fig.
City UTICA	11.b. Approximate dollar value of such dealing. \$60,000 12.a. Nature of interest held or income received.
State New York ZIP Code + 4 13501-4887	DINNER PROVIDED AT STRIPES RESTAURANT, HILTON HEAD, S.C. ON 4/26/04
	12.b. Amount. \$65
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.